

CLAIMS ONLY						Application Number 10/673259		Filing Date		
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/						/	
2				/					/	
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46				/					/	
47				/					/	
48				/					/	
49				/					/	
50				/					/	
Total Indep				2						
Total Depend				48						
Total Claims				50						